

*Autopsy, twenty-four hours after death.*—The mucous membrane of the trachea was found deeply tinged, and covered with thin liquid blood. The lungs floated in water, but were highly congested, especially the left at its upper lobe. The heart contained a small quantity of fluid blood. The stomach contained a quantity of dark coagulated blood, mixed with mucus; the intestines and other viscera were healthy.

*Cerebral Hemorrhage.*—Dr. ROBERT P. HARRIS reported the following case of apoplexy, occurring in an anæmic patient: On Tuesday morning, October 20, 1860, I was hastily summoned to see Mrs. S., aged 34; the mother of four children ranging from five years and a half to six months old. When I reached her bedside she informed me that she had been suffering with a severe pain in the right side of her head since the previous Friday, accompanied by noises in the ears and an occasional numbness in the right arm and leg; that she had taken purgative medicine, under a belief that her symptoms proceeded from indigestion, but without relief; and that just before I was sent for (at 9 A. M.) she had fainted and fallen upon the floor in a state of unconsciousness, soon after coming up-stairs to her chamber, but had in a little while recovered. I found her very pale and weak, with a slow, regular, but feeble pulse, and suffering from a violent pain in the right side of the head. Her consciousness was perfect, eyes natural in appearance, and muscular movements unaffected. Her chief complaint was of headache and extreme debility. Previous to the attack in question she had suffered from weakness for a long time, consequent upon too frequent childbearing and the necessity of constant nursing, together with attacks of epistaxis, to which she had been subject from early childhood, preceded in latter years by hyperæmia capitis. In less than six years she had given birth to four living children, one at a time, and had twice miscarried. Previous and subsequent to her last accouchement she suffered very much with a catarrhal affection, and had frequent attacks of faintness and supra-orbital neuralgia. She was in person spare, of medium height, had a long neck and narrow head, and, when in moderate health, had a bright red blush upon the upper part of her cheeks. She was subject to frequent and obstinate coughs, and her appearance might have led one to fear tuberculosis.

The last time I saw her, previous to this attack, was in the last week in September; and upon that occasion I warned her of the danger to her health to be expected from continuing to nurse her infant, and ordered her to wean it. From that time up to the attack of headache on Friday she had been apparently improving in health, and a cough which she had had for several months had left her. She had not, however, derived all the benefit that she might have had from weaning her infant, for, although it was hand-fed during the day, she allowed it to nurse at night. The day before that upon which she fainted (Monday) she had a severe pain in her back, seated in the lumbar region, and discharged what, judging from description and other signs to be hereafter referred to, must have been a blighted ovum of the first month. Its exit was unaccompanied by any hemorrhage; and her mother, who informed me of the circumstance, did not know whether the body, which she described as oval and of a fleshy appearance, came from the vagina or rectum.

About 10 o'clock, soon after I had left the patient's house, she was seized with convulsions, and the messenger failing to find me, Dr. Hoyt was called in, from whom I have received the following statement of her symptoms

during his visit. She had several spasmodic attacks, lasting some minutes each time, the motion being confined to the right arm and leg. The movement of the arm was not jerking, as we generally see it in the convulsions of children, but was evidently, to a certain extent, voluntary, as the hand was applied to the right side of the head, over the seat of pain, and passed backward and forward over the side of the head, face and neck. The conjunctivæ were slightly injected, and the pupil of the right eye was largely dilated, that of the left being much less affected. After the cessation of spasmodic movements, and during the interval between the attacks, the difference between the pupils was much less marked; both, however, being still slightly dilated. The absence of motion on the left side of the body during the spasms was evidently not due to paralysis; as voluntary movements of the left arm were made during the intervals. The muscles of the eyes and face were unaffected, as well as also those of the neck. During the spasms the patient breathed heavily, with strong stertorous respiration; but in the intervals there was only a very slight snoring sound produced, and she appeared to be in a profound sleep.

At 1½ o'clock P. M. I again saw the patient. She was then apparently asleep; pulse 60, regular and feeble; respiration slightly snoring; right pupil a little more dilated than the left, but the enlargement of neither was much marked. When roused, and asked if she felt pain in her head, she assented with a nod, and was soon afterwards seized with vomiting, the contents of her stomach being ejected with considerable force; after which she relapsed into unconsciousness, and remained in this state until about 4 P. M., when she was seized with a spasmodic contraction of the arms and legs, and in a few minutes expired, just seven hours after the fainting fits took place.

*Autopsy, made twenty hours after death.*—Body well formed, but quite spare; surface remarkably pale; rigor mortis well pronounced; extremities contracted in a peculiar manner. The forearms were pronated, and slightly flexed on the arms, the hands flexed upon the forearms, the fingers curved and adducted, and the thumbs flexed and turned into the palms, as we see them in cases of laryngismus stridulus. The feet were drawn inwards by a contraction of the tibialis anticus muscles, so that the soles were presented towards each other.

Upon removing the skull-cap, the surface of the left hemisphere of the cerebrum was seen to be intensely congested, particularly at a point immediately above the fissure of Sylvius. The dura mater being opened, a little serum escaped from the left hemisphere. A horizontal section made above the corpus callosum revealed the presence of a large, irregularly-shaped cavity in the centre of the right hemisphere of the cerebrum, filled with a soft black clot of blood. This cavity, which had no communication either with the fissures of the cerebrum or the ventricles, had a capacity of about three fluidounces. The cerebral substance around the clot was very much softened, and easily broke down under the handle of a scalpel; its surface was studded with numerous points of blood. Upon dissecting up the ramifications of the cavity, it was found to have been formed from below upwards and backwards, commencing just above the fissure of Sylvius, in the middle lobe of the cerebrum, and extending up into the centre of the hemisphere, forming at the upper part of the cavity a rounded excavation, which we first cut into in making the section referred to. Upon tracing out the bloody track at the bottom of the cavity, the effused blood was found to have come from a rupture of the middle cerebral artery.

The left hemisphere of the cerebrum was perfectly healthy. The lateral ventricles were not congested, and contained but little serum. The space around the infundibulum was filled with a clot of blood. The cerebellum was in a normal condition. The posterior part of the medulla spinalis was congested. The basilar artery contained no clots of blood. All the portions of the brain not mentioned were in a healthy state.

*Chest.*—The left lung was slightly adherent to the walls of the chest, the right entirely free; both were somewhat congested, but contained no traces of tubercle or evidences of serious affection. The heart was of normal dimensions, somewhat loaded externally with fat, and softened in its tissues, but the microscope gave no evidences of fatty degeneration. The mitral valve was covered with small red vegetations upon its free margin; the other valves were healthy. The pulmonary artery was thinner and softer in texture than natural; the aorta was healthy.

*Abdomen.*—The liver was found to be highly congested, so as to be coloured nearly black, and so much softened as to be readily torn by the fingers. The spleen was also congested, marbled externally, but very little larger than natural, and the Malpighian corpuscles were found to be large and well defined. The left kidney was congested, and presented a cicatrix upon its free edge, probably the remains of an old cyst; the right was also congested, and presented three similar cicatrices. The left capsula renalis was healthy, the right was distended with fluid blood.

*Pelvis.*—The uterus was retroflexed, which may have been post-mortem, as there were no symptoms to indicate such a condition during life, and the neck was very soft and flexible, the broad ligaments relaxed, and the body of the uterus heavy from congestion. Upon opening the uterus by a vertical incision, its walls were found thickened, its cavity enlarged, the lining membrane dark-coloured from congestion affecting the entire organ, and within the body a small whitish object bearing some resemblance to an embryo of two or three weeks old. The appearance of the uterus, taken in connection with the fact that an oval fleshy body was discharged, makes it probable that she may have miscarried the day previous to her death. Whether the retroflexion of the womb was the cause of the abortion, was produced by the fall, or resulted post-mortem from the causes before mentioned, I am not prepared to decide. The extreme flexibility of the cervix would indicate that the retroflexion was of recent date. The ovaries were firm, white, and filled with vesicles. The mesenteric glands were slightly enlarged. The stomach and intestines were not examined, except as to their external appearance, which was natural.

The points most worthy of note in this case are: the comparative youth of the patient; the absence of the apoplectic diathesis; the previous debility, and its causes; the tendency of plethora capitis, notwithstanding the existence of anæmia; and the non-appearance of hemiplegia or paralysis in any form, although the amount of blood effused was large, and the variety of apoplexy cerebral.

*Ring of Bone in the Axilla.*—Dr. HARLAN exhibited a specimen of this, and stated that it was obtained from a subject in the anatomical rooms of the University. It is a distinct, firm bony ring, including the axillary artery, with the median, ulnar, and musculo-spiral nerves. The accompanying drawing, by Dr. Packard, taken after the specimen was removed from the body, gives the exact size and shape of the ring, Fig. 1, and shows the parts included within it, Fig. 2. The history of the case is not known. The